

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Committee to Elect Vance McAllister

ADDRESS (number and street)

P. O. Box 4578

Check if different
than previously
reported. (ACC)

Monroe

LA

71211

2. FEC IDENTIFICATION NUMBER ▼

C

C00549352

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

LA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
08 / 03 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer

Nancy H. Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 58

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	19350.00	222953.63
(b) Total Contribution Refunds (from Line 20(d))	500.00	11900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	18850.00	211053.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	246346.40	477114.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	19805.00	19805.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	226541.40	457309.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	193377.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1020375.10	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 58

Write or Type Committee Name

Committee to Elect Vance McAllister

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

14350.00

56200.00

(ii) Unitemized.....

0.00

5605.00

(iii) TOTAL of contributions from individuals ▶

14350.00

61805.00

(b) Political Party Committees.....

0.00

2000.00

(c) Other Political Committees (such as PACs).....

5000.00

127848.63

(d) The Candidate.....

0.00

31300.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

19350.00

222953.63

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

400000.00

400000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

400000.00

400000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

19805.00

19805.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

1436.00

1532.88

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

440591.00

644291.51

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 58

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	246346.40	477114.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	15000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	15000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	11900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	11900.00
21. OTHER DISBURSEMENTS	600.00	600.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	247446.40	504614.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	233.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	440591.00
25. SUBTOTAL (add Line 23 and Line 24).....	440824.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	247446.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	193377.72

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Ron Bush

Mailing Address 7767 Westlake Road

City

Sterlington

State

LA

Zip Code

71280

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
insurance

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.5824

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Linda B. Campbell

Mailing Address 2900 Bramble Drive

City

Monroe

State

LA

Zip Code

71201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2014

Transaction ID : SA11AI.5725

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roger M. Carter

Mailing Address 6702 E. Bay Blvd.

City

Navarre

State

FL

Zip Code

32566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2014

Transaction ID : SA11AI.5723

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Clay Falls

Mailing Address 4660 Beverly Drive

City

Dallas

State

TX

Zip Code

75209

FEC ID number of contributing
federal political committee.

C

Name of Employer

K&L Gates, LLP

Occupation

attorney

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Charles V. Genco

Mailing Address P. O. Box 956

City

Amite

State

LA

Zip Code

70422

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

attorney

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.5908

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Sandra Miller

Mailing Address P. O. Box 157

City

Oak Grove

State

LA

Zip Code

71263

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2014

Transaction ID : SA11AI.5727

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Daniel Parker**A.**

Mailing Address 2503 Ferrand Street

City

Monroe

State

LA

Zip Code

71201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Daniel P. Parker, APLC

Occupation

attorney

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2014

Transaction ID : SA11AI.5732

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Nora G. Parker**B.**

Mailing Address 335 Ritter Road

City

Calhoun

State

LA

Zip Code

71225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parker Auto Body, Inc.

Occupation

executive

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2014

Transaction ID : SA11AI.5730

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Ron Bush Insurance Agency, Inc.**C.**

Mailing Address 1911 E. Madison Avenue

City

Bastrop

State

LA

Zip Code

71220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2014

Transaction ID : SA11AI.5734

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

4000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 58
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) Madhu Thakker		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 6005 Pepper Tree Drive		Transaction ID : SA11AI.5904	
City Alexandria	State LA	Zip Code 71303	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
B. Full Name (Last, First, Middle Initial) Tunica-Biloxi Tribe of Louisiana		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 150 Melacon Road		Transaction ID : SA11AI.5868	
City Marksville	State LA	Zip Code 71351	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
C. Full Name (Last, First, Middle Initial) Arlene A. Welch		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 3504 Highway 577		Transaction ID : SA11AI.5906	
City Pioneer	State LA	Zip Code 71266	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation farmer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		4750.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 58
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) Lorrie Young		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 355 Hart Young Road		Transaction ID : SA11Al.5728	
City Monterey	State LA	Zip Code 71354	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		2600.00	
TOTAL This Period (last page this line number only).....		14350.00	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 58

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

ARPAC

Mailing Address 451 Florida Street, 19th Floor

City

Baton Rouge

State

LA

Zip Code

70801

FEC ID number of contributing
federal political committee.

C C00226472

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2014

Transaction ID : SA11C.5821

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

K&L Gates Political Action Committee

Mailing Address 1601 K Street, N.W.

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00213173

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2014

Transaction ID : SA11C.5819

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Natl. Cotton Council for the Advancement of Cotton PAC

Mailing Address P.O. BOX 2995

City

Cordova

State

TN

Zip Code

38088

FEC ID number of contributing
federal political committee.

C C00023028

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11C.5827

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 58

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Natl. Rifle Assn. of America Political Victory Fund

A.

Mailing Address 11250 Waples Mill Road

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing
federal political committee.

C C00053553

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11C.5865

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

5000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 58

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	<input checked="" type="checkbox"/> 13a	13b	14	

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Vance Michael McAllister

A.

Mailing Address 2460 Highway 594

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing
federal political committee.

C H4LA05130

Name of Employer

U.S. House of Representatives

Occupation

legislator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

281300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2014

Transaction ID : SA13A.5692

Amount of Each Receipt this Period

250000.00

candidate loan

Full Name (Last, First, Middle Initial)

Vance Michael McAllister

B.

Mailing Address 2460 Highway 594

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing
federal political committee.

C H4LA05130

Name of Employer

U.S. House of Representatives

Occupation

legislator

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

431300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2014

Transaction ID : SA13A.5703

Amount of Each Receipt this Period

150000.00

candidate loan

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400000.00

400000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 58

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Danwal, Inc.

Mailing Address 12404 Highway 155, S.

City	State	Zip Code
Tyler	TX	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

19805.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA14.5869

Amount of Each Receipt this Period

19805.00

campaign signs refund

Full Name (Last, First, Middle Initial)

B.
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

19805.00

19805.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 58

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

Kim Leija

Mailing Address 115 East Shore Road

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

unemployed

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1436.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2014

Transaction ID : SA15.5689

Amount of Each Receipt this Period

1436.00

travel-non-committee use

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1436.00

1436.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. American Viewpoint, Inc.

Mailing Address 300 N. Lee Street, #400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

22500.00

Purpose of Disbursement
telephone callsCategory/
Type**Transaction ID : SB17.5701**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Patrick C. Barron

Mailing Address 328 11th Street, S.E., #2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
campaign managementCategory/
Type**Transaction ID : SB17.5719**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Patrick C. Barron

Mailing Address 328 11th Street, S.E., #2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

503.23

Purpose of Disbursement
see memo entriesCategory/
Type**Transaction ID : SB17.5845**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

28003.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 1030 Delta Blvd.

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement
transportation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2014

Amount of Each Disbursement this Period

310.60

Transaction ID : SB17.5845.4

[MEMO ITEM]

B. Earlene Bryant

Mailing Address 3208 Polk Street

City	State	Zip Code
Monroe	LA	71210

Purpose of Disbursement
GOTV consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5835

c. Earlene Bryant

Mailing Address 3208 Polk Street

City	State	Zip Code
Monroe	LA	71210

Purpose of Disbursement
GOTV consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5861

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Cenla Signs

Mailing Address 3219 Masonic Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

City	State	Zip Code
Alexandria	LA	71301

Amount of Each Disbursement this Period

25048.20

Purpose of Disbursement
campaign signsCategory/
Type

Transaction ID : SB17.5709

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. Cenla Signs

Mailing Address 3219 Masonic Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2014

City	State	Zip Code
Alexandria	LA	71301

Amount of Each Disbursement this Period

5185.59

Purpose of Disbursement
bumper stickers/t-shirtsCategory/
Type

Transaction ID : SB17.5710

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. Cenla Signs

Mailing Address 3219 Masonic Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

City	State	Zip Code
Alexandria	LA	71301

Amount of Each Disbursement this Period

654.00

Purpose of Disbursement
magnetsCategory/
Type

Transaction ID : SB17.5742

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

30887.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Cenla Signs

Mailing Address 3219 Masonic Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2014

City	State	Zip Code
Alexandria	LA	71301

Purpose of Disbursement
t-shirts/printing

Amount of Each Disbursement this Period

2547.77

Transaction ID : SB17.5822

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Comcast of Jackson

Mailing Address 380 S. Lamar Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
Jackson	MS	39201

Purpose of Disbursement
internet/cable/telephone

Amount of Each Disbursement this Period

874.62

Transaction ID : SB17.5748

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Comcast of Jackson

Mailing Address 380 S. Lamar Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
Jackson	MS	39201

Purpose of Disbursement
internet/cable/telephone

Amount of Each Disbursement this Period

910.27

Transaction ID : SB17.5749

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4332.66

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Comcast of Jackson

Mailing Address 380 S. Lamar Street

City	State	Zip Code
Jackson	MS	39201

Purpose of Disbursement
internet/cable/telephone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

520.56

Transaction ID : SB17.5790

B. D & H Sports, Inc.

Mailing Address 1905 E. Madison Avenue

City	State	Zip Code
Bastrop	LA	71220

Purpose of Disbursement
bumper stickers/koozies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

2773.50

Transaction ID : SB17.5831

c. D & H Sports, Inc.

Mailing Address 1905 E. Madison Avenue

City	State	Zip Code
Bastrop	LA	71220

Purpose of Disbursement
campaign fans/koozies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

Amount of Each Disbursement this Period

2237.47

Transaction ID : SB17.5893

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5531.53

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Danwal, Inc.

Mailing Address 12404 Highway 155, S.

Date of Disbursement

M M	D D	Y Y Y Y
09	16	2014

City	State	Zip Code
Tyler	TX	75703

Amount of Each Disbursement this Period

21985.00

Purpose of Disbursement
campaign signsCategory/
Type**Transaction ID : SB17.5794**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Daystar Graphics

Mailing Address 403 Downing Pines

Date of Disbursement

M M	D D	Y Y Y Y
09	05	2014

City	State	Zip Code
West Monroe	LA	71292

Amount of Each Disbursement this Period

341.65

Purpose of Disbursement
campaign bannerCategory/
Type**Transaction ID : SB17.5756**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Downtown Monroe Alliance

Mailing Address P. O. Box 2082

Date of Disbursement

M M	D D	Y Y Y Y
09	11	2014

City	State	Zip Code
Monroe	LA	71201

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
event sponsorshipCategory/
Type**Transaction ID : SB17.5779**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

22926.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. EC Consulting, LLC

Mailing Address 526 6th Street, S.E.

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
fundraising consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

Amount of Each Disbursement this Period

2341.51

Transaction ID : SB17.5693

B. EC Consulting, LLC

Mailing Address 526 6th Street, S.E.

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
fundraising consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

Amount of Each Disbursement this Period

1221.06

Transaction ID : SB17.5694

c. EC Consulting, LLC

Mailing Address 526 6th Street, S.E.

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
fundraising consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

Amount of Each Disbursement this Period

1477.49

Transaction ID : SB17.5696

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5040.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. EC Consulting, LLC

Mailing Address 526 6th Street, S.E.

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
fundraising consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

Amount of Each Disbursement this Period

4370.00

Transaction ID : SB17.5697

B. EC Consulting, LLC

Mailing Address 526 6th Street, S.E.

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
fundraising consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.5698

C. Kelley Holmes

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement
campaign consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.5745

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5320.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Kelley Holmes

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement
campaign consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.5746**B. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement
campaign consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.5784**C. Kelley Holmes**

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement
campaign consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.5771**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1950.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Kelley Holmes

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement
campaign consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.5823

B. Kelley Holmes

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement
travel/office supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2014

Amount of Each Disbursement this Period

146.87

Transaction ID : SB17.5860

C. Kelley Holmes

Mailing Address 195 George Harris Road

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement
mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

Amount of Each Disbursement this Period

269.51

Transaction ID : SB17.5894

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1066.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. J & L Foods, LLC

Mailing Address 207 Main Street

City	State	Zip Code
Franklinton	LA	70438

Purpose of Disbursement
booth rental

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5789

B. Jamestown Associates

Mailing Address 5 Mapleton Road, #300

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement
media placement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

77284.28

Transaction ID : SB17.5774

c. Debbie A. Jones

Mailing Address P. O. Box 772

City	State	Zip Code
Grayson	LA	71435

Purpose of Disbursement
GOTV consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5798

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

79034.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. K&L Gates, LLP

Mailing Address 925 Fourth Avenue, #2900

City	State	Zip Code
Seattle	WA	98104

Purpose of Disbursement
legal services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

2088.00

Transaction ID : SB17.5704**B. K&L Gates, LLP**

Mailing Address 925 Fourth Avenue, #2900

City	State	Zip Code
Seattle	WA	98104

Purpose of Disbursement
legal services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

1956.00

Transaction ID : SB17.5705**C. K&L Gates, LLP**

Mailing Address 925 Fourth Avenue, #2900

City	State	Zip Code
Seattle	WA	98104

Purpose of Disbursement
legal services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5706**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6544.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. K&L Gates, LLP

Mailing Address 925 Fourth Avenue, #2900

City	State	Zip Code
Seattle	WA	98104

Purpose of Disbursement
legal services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

3456.00

Transaction ID : SB17.5707

B. K&L Gates, LLP

Mailing Address 925 Fourth Avenue, #2900

City	State	Zip Code
Seattle	WA	98104

Purpose of Disbursement
legal services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.5776

c. Louisiana Delta Ballet

Mailing Address 710 Highway 139

City	State	Zip Code
Monroe	LA	71203

Purpose of Disbursement
event sponsorship

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5920

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16456.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 2301 Louisville Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

City	State	Zip Code
Monroe	LA	71201

Amount of Each Disbursement this Period

221.64

Purpose of Disbursement
office suppliesCategory/
Type**Transaction ID : SB17.5808**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Ouachita High School

Mailing Address 681 Highway 594

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

City	State	Zip Code
Monroe	LA	71203

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
advertisingCategory/
Type**Transaction ID : SB17.5888**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Pelican State Wholesale, Inc.

Mailing Address P. O. Box 2974

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

City	State	Zip Code
Monroe	LA	71201

Amount of Each Disbursement this Period

277.90

Purpose of Disbursement
parade suppliesCategory/
Type**Transaction ID : SB17.5807**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1099.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Pelican State Wholesale, Inc.

Mailing Address P. O. Box 2974

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement
parade candy

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 25 / 2014

Amount of Each Disbursement this Period

277.90

Transaction ID : SB17.5862

B. Political Ink, Inc.

Mailing Address 1220 19th Street, N.W.

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
direct mail services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period

10778.44

Transaction ID : SB17.5875

c. Rack Service Company

Mailing Address P. O. Box 4727

City	State	Zip Code
Monroe	LA	71211

Purpose of Disbursement
office rent

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 01 / 2014

Amount of Each Disbursement this Period

2800.00

Transaction ID : SB17.5747

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13856.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Rapides Parish Senior Fair Day

Mailing Address P. O. Box 1510

City	State	Zip Code
Alexandria	LA	71309

Purpose of Disbursement
event tickets

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.5791

B. Reginald Roberts

Mailing Address 806 Cypress Street

City	State	Zip Code
New Roads	LA	70760

Purpose of Disbursement
GOTV consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5889

c. Ruston Daily Leader

Mailing Address 212 W. Park Avenue

City	State	Zip Code
Ruston	LA	71270

Purpose of Disbursement
advertisement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 19 / 2014

Amount of Each Disbursement this Period

773.00

Transaction ID : SB17.5816

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2573.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Shell Oil

Mailing Address 1715 Louisville Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

City	State	Zip Code
Monroe	LA	71201

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
volunteer gift cardsCategory/
Type

Transaction ID : SB17.5812

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Sir Speedy

Mailing Address 1825 Avenue of America

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

City	State	Zip Code
Monroe	LA	71201

Amount of Each Disbursement this Period

280.47

Purpose of Disbursement
printingCategory/
Type

Transaction ID : SB17.5785

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Sir Speedy

Mailing Address 1825 Avenue of America

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

City	State	Zip Code
Monroe	LA	71201

Amount of Each Disbursement this Period

82.49

Purpose of Disbursement
printingCategory/
Type

Transaction ID : SB17.5787

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

962.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Sir Speedy

Mailing Address 1825 Avenue of America

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

1755.33

Transaction ID : SB17.5864**B. Caleb F. Smith**

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement
campaign consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.5783**c. Caleb F. Smith**

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement
campaign consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.5805**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1755.33

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Caleb F. Smith

Mailing Address 112 Marion Place

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement
campaign consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.5863

B. Aston D. Stubbs

Mailing Address P. O. Box 842

City	State	Zip Code
Winnsboro	LA	71295

Purpose of Disbursement
GOTV consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5891

c. Tangipahoa Parish Fair

Mailing Address P. O. Box 1241

City	State	Zip Code
Independence	LA	70443

Purpose of Disbursement
parade entry fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5786

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1150.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 58

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Tee It Up Golf, LLC

Mailing Address 744 MacArthur Drive, #A

City	State	Zip Code
Alexandria	LA	71301

Purpose of Disbursement
office rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5754

B. Temple Systems, Inc.

Mailing Address 1909 N. 4th Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement
tech support

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.5793

c. The Jim Bowie Festival

Mailing Address 1401 Carter Street

City	State	Zip Code
Vidalia	LA	71373

Purpose of Disbursement
event sponsorship

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.5715

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5240.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. U.S. Postal Service

Mailing Address 1701 Shannon Street

City	State	Zip Code
Monroe	LA	71201

Purpose of Disbursement
postage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

294.00

Transaction ID : SB17.5918**B. Lennon Whitney**

Mailing Address 605 N. Mulbery Street

City	State	Zip Code
Tallulah	LA	71282

Purpose of Disbursement
GOVT consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5800**C. Winn Western Riding Association**

Mailing Address 6195 Highway 34

City	State	Zip Code
Winnfield	LA	71483

Purpose of Disbursement
advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.5842**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1594.00

FOR LINE NUMBER:
(check only one)

X	17		18		19a		19b
	20a		20b		20c		21

Committee to Elect Vance McAllister

A. WMAD Global Radio Station, LLC

Date of Disbursement

09 / 05 / 2014

Amount of Each Disbursement this Period

1000.00

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City _____ State _____ Zip Code _____

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate NameCategory/
Type

Office Sought:

	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) _____

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) _____

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Year	Population (millions)
1980	100
1985	150
1990	200
1995	250
2000	300
2005	350
2010	400

244456.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Ron Bush Insurance Agency, Inc.

Mailing Address 1911 E. Madison Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

City	State	Zip Code
Bastrop	LA	71220

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
contribution refundCategory/
Type

Transaction ID : SB20A.5735

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

Full Name (Last, First, Middle Initial)

A. Twin City Art Foundation

Mailing Address 1400 S. Grand Street

City	State	Zip Code
Monroe	LA	71202

Purpose of Disbursement
contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.5802

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

500.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 41 OF 58

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4543

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 03 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 42 OF 58

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4525

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 10 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 43 OF 58

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4526

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Vance Michael McAllister

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

19900.00

Cumulative Payment To Date

15000.00

Balance Outstanding at Close of This Period

4900.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 17 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4900.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 44 OF 58

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5356

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

30100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30100.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 17 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30100.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 45 OF 58

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4527

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 18 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Runoff

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
/ / /

/ / /

Y NONE Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

75000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4577

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

Vance Michael McAllister

Election: 2013

☐ Primary☐ General☒ Other (specify) ▼

Runoff

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 05 / 2013

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

175000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 48 OF 58

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5692

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Vance Michael McAllister

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2460 Highway 594

City

State

ZIP Code

Monroe

LA

71203

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

M 08 / D 21 / Y 2014 Y

Date Due

M 08 / D 21 / Y 2018 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 49 OF 58

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5703

Committee to Elect Vance McAllister

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Vance Michael McAllister

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
2460 Highway 594

City	State	ZIP Code
Monroe	LA	71203

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

M 08 / D 21 / Y 2014 Y

Date Due

M 08 / D 21 / Y 2018 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

150000.00

TOTALS This Period (last page in this line only)..... ►

795000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 50 OF 58

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kim Leija

Nature of Debt (Purpose):

travel reimbursement-non committee use

Mailing Address 115 East Shore Road

City State

Zip Code

Monroe

LA

71203

Outstanding Balance Beginning This Period

1436.00

Transaction ID : SD9.5688

Amount Incurred This Period

0.00

Payment This Period

1436.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 51 OF 58

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DeWitt, French, Giger & Sitton, LLPNature of Debt (Purpose):
accounting services

Mailing Address 1871 Hudson Circle

City State

Zip Code

Monroe

LA

71201

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.5546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DeWitt, French, Giger & Sitton, LLPNature of Debt (Purpose):
accounting services

Mailing Address 1871 Hudson Circle

City State

Zip Code

Monroe

LA

71201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5922

Amount Incurred This Period

6459.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

6459.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EC Consulting, LLCNature of Debt (Purpose):
fundraising consulting

Mailing Address 526 6th Street, S.E.

City

State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

2341.51

Transaction ID : SD10.5542

Amount Incurred This Period

0.00

Payment This Period

2341.51

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

9459.32

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EC Consulting, LLCNature of Debt (Purpose):
fundraising consulting

Mailing Address 526 6th Street, S.E.

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

1221.06

Transaction ID : SD10.5544

Amount Incurred This Period

0.00

Payment This Period

1221.06

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EC Consulting, LLCNature of Debt (Purpose):
fundraising consulting

Mailing Address 526 6th Street, S.E.

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

1477.49

Transaction ID : SD10.5547

Amount Incurred This Period

0.00

Payment This Period

1477.49

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EC Consulting, LLCNature of Debt (Purpose):
fundraising consulting

Mailing Address 526 6th Street, S.E.

City

State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

4370.00

Transaction ID : SD10.5634

Amount Incurred This Period

0.00

Payment This Period

4370.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 53 OF 58

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EC Consulting, LLCNature of Debt (Purpose):
fundraising consulting

Mailing Address 526 6th Street, S.E.

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

300.00

Transaction ID : SD10.5635

Amount Incurred This Period

0.00

Payment This Period

300.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Harris Media, LLCNature of Debt (Purpose):
media consulting

Mailing Address 611 S. Congress Avenue, #400

City State

Zip Code

Austin

TX

78704

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.5540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown AssociatesNature of Debt (Purpose):
media production

Mailing Address 5 Mapleton Road, #300

City

State

Zip Code

Princeton

NJ

08540

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5966

Amount Incurred This Period

32720.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32720.00

1) **SUBTOTALS** This Period This Page (optional) ▶

37720.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 54 OF 58

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

K&L Gates, LLPNature of Debt (Purpose):
legal services

Mailing Address 925 Fourth Avenue, #2900

City State
SeattleZip Code
WA 98104

Outstanding Balance Beginning This Period

2555.49

Transaction ID : SD10.5548

Amount Incurred This Period

0.00

Payment This Period

2088.00

Outstanding Balance at Close of This Period

467.49

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

K&L Gates, LLPNature of Debt (Purpose):
legal services

Mailing Address 925 Fourth Avenue, #2900

City State
SeattleZip Code
WA 98104

Outstanding Balance Beginning This Period

1956.00

Transaction ID : SD10.5549

Amount Incurred This Period

0.00

Payment This Period

1956.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

K&L Gates, LLPNature of Debt (Purpose):
legal services

Mailing Address 925 Fourth Avenue, #2900

City State Zip Code
Seattle WA 98104

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.5626

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

467.49

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 55 OF 58

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

K&L Gates, LLPNature of Debt (Purpose):
legal services

Mailing Address 925 Fourth Avenue, #2900

City State
SeattleZip Code
WA 98104

Outstanding Balance Beginning This Period

3456.00

Transaction ID : SD10.5627

Amount Incurred This Period

0.00

Payment This Period

3456.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

K&L Gates, LLPNature of Debt (Purpose):
legal services

Mailing Address 925 Fourth Avenue, #2900

City State
SeattleZip Code
WA 98104

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5923

Amount Incurred This Period

15061.34

Payment This Period

0.00

Outstanding Balance at Close of This Period

15061.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

K&L Gates, LLPNature of Debt (Purpose):
legal services

Mailing Address 925 Fourth Avenue, #2900

City State Zip Code
Seattle WA 98104

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5981

Amount Incurred This Period

11115.79

Payment This Period

0.00

Outstanding Balance at Close of This Period

11115.79

1) **SUBTOTALS** This Period This Page (optional) ▶

26177.13

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nungesser Consulting, LLC

Nature of Debt (Purpose):

fundraising consulting-disputed debt

Mailing Address 1554 Lobdell Avenue

City State

Zip Code

Baton Rouge

LA

70806

Outstanding Balance Beginning This Period

46313.58

Transaction ID : SD10.5639

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46313.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nungesser Consulting, LLC

Nature of Debt (Purpose):

fundraising consulting

Mailing Address 1554 Lobdell Avenue

City State

Zip Code

Baton Rouge

LA

70806

Outstanding Balance Beginning This Period

214.60

Transaction ID : SD10.5640

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

214.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Red Print Strategy

Nature of Debt (Purpose):

campaign consulting

Mailing Address 311 S. Fillmore Street

City

State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

56206.69

Transaction ID : SD10.5361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

1) **SUBTOTALS** This Period This Page (optional) ▶

54528.18

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SD10
Transaction ID : SD10.5361

The total debt disputed to Red Print Strategy has been settled and agreed upon for the amount of \$100,000.00.
Adjustment made to reflect negotiated balance due.

Form/Schedule:
Transaction ID:

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 58 OF 58

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Vance McAllister

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Red Print StrategyNature of Debt (Purpose):
campaign consulting

Mailing Address 311 S. Fillmore Street

City State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

92000.00

Transaction ID : SD10.5375

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Watkins & CompanyNature of Debt (Purpose):
accounting services

Mailing Address 610 S. Boulevard

City State

Zip Code

Tampa

FL

33606

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5961

Amount Incurred This Period

3672.98

Payment This Period

0.00

Outstanding Balance at Close of This Period

3672.98

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Moon Griffith ShowNature of Debt (Purpose):
online advertising

Mailing Address 3601 Kalisitie Saloom Road, #7405

City

State

Zip Code

Monroe

LA

71203

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5963

Amount Incurred This Period

1350.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1350.00

1) **SUBTOTALS** This Period This Page (optional) ►

97022.98

2) **TOTALS** This Period (last page this line number only) ►

225375.10

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

795000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1020375.10